DOCUMENT RESUME

ED 268 420 CG 018 979

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TITLE Psychological Consultation: A Comparison of Predoctoral Training and Actual Practice.
SPONS AGENCY American Psychological Association, Washington, D.C.
PUB DATE Aug 85
NOTE 27p.; Paper presented at the Annual Convention of the American Psychological Association (93rd, Los Angeles, CA, August 23-27, 1985).
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS *Consultants; *Counselor Training; *Education Work Relationship; *Graduate Students; Higher Education; *Job Skills; *Psychologists; Relevance (Education); Skill Development

ABSTRACT

Few studies have been conducted which pertain to the consultation training backgrounds of psychologists and many questions remain unanswered. One study (Gallessich and Watterson, 1984) attempted to identify the current patterns of predoctoral education and training in consultation. Another study was undertaken to determine the extent to which these patterns of predoctoral consultation training are congruent with the opinions and actual practices of consulting psychologists. A survey assessing the availability and characteristics of consultation education and training from American Psychological Association (APA) accredited predoctoral training programs was completed by 332 program directors. A second survey, completed by 177 psychological consultants who were members of APA Division 13, Consulting Psychology, assessed the characteristic practices, training backgrounds, and salient concerns of consulting psychologists. A comparison of results from these two surveys revealed that there were many incongruences between predoctoral consultation training patterns and the recommendations of experienced consultants regarding training practices. The limited availability of formalized consultation training reported by program directors was in contrast to the strong endorsement by consultants that specialized preparation is needed for consultative effectiveness. There seemed to be agreement that the most important job of predoctoral training programs is to establish in their trainees a solid base of clinical skills which would underlie later consultation work. (NRB)

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ED268420

Psychological Consultation: A Comparison of Predoctoral Training and Actual Practice*

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Paper presented at the annual convention of the American Psychological Association, Los Angeles, August 1985.

CG 018979

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*This paper stems from an ongoing research project studying consultation practices and training sponsored by June Gallessich, Ph.D. and supported by A.P.A. Division 13 and the University Research Institute of The University of Texas at Austin. The author is also indebted to Mark Watt for his work as research project coordinator.

Background

One of the growing pains for an emerging professional specialty such as consultation is the struggle to identify and refine the necessary components which would comprise adequate training. This has not been a clear-cut process for the specialty of consultation because, as Iscoe (1983) has pointed out, the qualities and skills that combine to make a good consultant have not yet been clearly defined. At best, consultation training must rely on a general conception of the demand characteristics of the consultative role. Further, consultation trainers have assumed that the training methods used for other clinical skills, such as supervision of psychotherapy, could be easily adapted to consultation training. Brown (1985) however, has suggested that consultation is a considerably more complex phenomenon. Thus, Brown has built on the training models of Gallessich (1980) and Froehle (1978) and has proposed a model of supervision that takes into account the complex judgement competencies that comprise consultation. Despite such theoretical advances as Brown's (1985) reciprocal relationships model of consultation supervision, consultation training remains at the earliest of stages.Consequently, still open to question are such fundamental training issues as: how, at what levels, by whom, when, where, and for what purposes persons should be trained in consultation.

Recognizing the need to explore the current status of preparation for consultation practice, in 1983 A.P.A. Division 13 (Consulting Psychology) created an education and training committee. This paper is part of an ongoing research project

sponsored by this committee. An earlier paper (Gallessich and Watterson, 1984) reported data related to the question: What are the current patterns of predoctoral education and training in consultation? This paper builds on that report and explores a related question: To what degree are these patterns of predoctoral consultation training congruent with the opinions and actual practices of consulting psychologists? Specifically, this paper will compare the results obtained from two surveys: a survey of consultation training practices in predoctoral psychology training programs and a survey of Division 13 members. By making such a comparison, it is expected that this paper will contribute to the body of literature on the relevance, weaknesses and potential effectiveness of current predoctoral training in psychological consultation.

Review of the Literature

Only a few studies pertaining to the consultation training backgrounds of psychologists have been conducted previously. Nutt (1977) surveyed A.P.A. Division 17 (Counseling Psychology) members about the extent of their training in consultation. While 81% (N=300) of the respondents provided consultation services, more than 60% of these respondents had no graduate coursework in consultation. Further, consultation coursework was ranked fourth in importance as a training method behind job experience, interaction with colleagues and personal reading. Conoley (1981) found that school psychology program graduates who had received consultation training spent more time providing consultation services that their colleagues who had not received such training (42% of time spent to 20%). Finally, prominant

organizational consultants surveyed by Bacher (1982) identified apprenticeship as their most preferred method of consultation training.

The availability of and characteristics of predoctoral consultation training has also been studied. Clinical psychology graduate programs have been found, by several authors, to offer at least informal consultation training in about 50% of such programs (Golann, Wurm, and Magoon, 1964; Schwartz and Tuma, 1978). School psychology programs have been surveyed by Pfeiffer and Marmo (1981) and Meyers, Wurtz, and Flanigan (1981). Both studies found that approximately 70% of their samples offered at least some form of consultation training. Splete and Bernstein (1981) found that while 95% of masters-level counselor education programs offered some form of consultation training, only 33% provided a separate consultation course. Similar results were obtained from Kaplan and Brown's (1983) survey of counseling psychology program directors. Almost 95% of these respondents provided some coursework in consultaion, although only 49% (N=21) offered courses exclusive to consultation. Tuma and Schwarz (1978) surveyed clinical psychology internship programs and found that 84% (total N=158) offered consultation training. Of these affirmative responses, 95% offered field experiences and 58% provided seminars or courses.

Method

This paper will compare the results obtained from the consultation education and training items of two surveys. The first survey requested information on the availability and

characteristics of consultation education and training from 457 directors of predoctoral training programs accredited by A.P.A. in the Fall of 1983. This sample included 194 predoctoral training programs based in universities and schools, and 263 predoctoral internship programs based in various applied settings. Two forms of this survey were mailed, one to the campus-based programs and the other to internship programs. These two survey forms included identical questions regarding availability and characteristics of consultation training; site characteristic items differed so as to address features unique to each of the two types of settings. An initial and a follow-up mailing yielded a response rate of 73% (N=332) over both types of programs. However, some respondents did not answer all survey items and some answers were not useable. Therefore, the sample size available to answer specific survey questions varied.

The second survey used for this paper collected information from a random sample of psychological consultants who were members of A.P.A. Division 13, Consulting Psychology. This comprehensive survey obtained information regarding the characteristic practices, training backgrounds, and salient concerns of consulting psychologists. Survey items relevant to this paper dealt with respondents' consultation training backgrounds and their opinions about education and training practices. This survey was mailed to 400 Division 13 members in the Spring of 1984. Initial and follow-up mailings yielded a final response rate of 44% (N=177). As with the first survey, some respondents did not answer all survey items and some

answers were not useable. Consequently, the sample size available to answer specific survey items varied.

Perceived Need vs. Availability of Consultation Training

In the Division 13 survey, consulting psychologists were asked their opinion as to whether specialized preparation is needed for effectiveness as a consultant. The 141 respondents to this item indicated on a 5-point scale the extent to which specialized preparation is necessary; a rating of 5 indicated that it is absolutely necessary. Across all of the respondents to this item, the obtained mean rating was 3.76 (S.D.=1.03), and 90% (N=127) responded with a ranking of 3 or higher.

The availability of predoctoral consultation education and training was studied in the earlier survey of A.P.A.-accredited training programs. Table 1, "Availability of Consultation Education and Training" describes these results. Over all programs responding to the survey, 72% (N=239) offer some level of consultation training. More specifically, 37.3% (N=124) offer organized courses in consultation, while the remaining 34.6% (N=115) offer informal training opportunities. Further, this survey revealed that campus-based psychology programs more frequently offer organized consultation courses than do internship sites. That is, 44% (N=63) of the responding campus-based doctoral programs have organized courses as compared to 32% (N=61) of the internship programs. Thus, organized predoctoral consultation training is not widely available; this is a conclusion that is incongruent with the importance placed by Division 13 members on specialized preparation in consultation.

Timing of Consultation Training

Consulting psychologists were also asked to indicate when in a career formal consultation training would be most useful (i.e., predoctoral, postdoctoral, midcareer, or other). According to the respondents' rank orderings (with 1 indicating most valuable and 4 indicating least valuable), the postdoctoral period received the strongest ranking (M=1.63, s.d.=.64). This result was followed by the predoctoral period (M=1.97, s.d.=.92) and then midcareer (M=2.21, s.d.=.75).

Consultants' opinions as to the preferred timing of organized predoctoral courses can be compared to the scheduling of consultation courses as reported by campus-based programs. Practicing consultants tended to believe that consultation courses should be taken in the later years of predoctoral training. Of 133 respondents to this item, almost 37% chose the fourth year of predoctoral education as the best time to take a consultation course. Further, 27.8% of the respondents chose the third year and 27.1% thought as late as the fifth year was best. Only 8.3% (N=11) thought that doctoral students should receive a consultation course earlier than their third year of training.

Table 2, "Preferred and Actual Timing of Organized Consultation Courses in Predoctoral Training" shows the differences between consultants' opinions and the actual scheduling practices occurring in campus-based programs. In contrast to the views of Division 13 members, almost half (48%) of the campus-based programs with organized courses reported that their students typically take the consultation course in

their third year. In addition, another 26% of the responding predoctoral programs reported that their students usually take a consultation course in the second year of their education. The remaining programs indicated smaller percentages for courses taken as early as the first year of training and as late as the fifth year. In general then, doctoral students in A.P.A.-approved programs tend to take courses in consultation somewhat earlier in their training than is preferred by experienced consultants.

Valued Topics Versus Actual Course Contents

Practicing consultants also reported their priorities as to what topics they would include in a consultation course. Respondents to this item make value rankings according to a five-point scale, with 5 indicating a very important topic. Interestingly, the topic given the highest ranking by consultants was Ethics of consulting (M=4.45, s.d.=.92). Some other topics considered important, in order of their rankings, were: Building relationships with clients (M=4.36, s.d.=.86), Consultation processes (M=4.32, s.d.=.95), Organizational diagnosis (M=4.16, s.d.=.98), Organizational intervention (M=4.08, s.d.=1.03), Evaluation of consultation outcomes (M=4.01, s.d.=1.04), and Organizational theories and processes (M=4.00, s.d.=1.02). The topics given the lowest value rankings were: Interventions with organization's clients (M=3.02, s.d.=1.47) and Diagnosis of organization's clients (M=3.05, s.d.=1.35).

A comparison of consultants' value ratings of consultation topics can be made with the data obtained regarding the topics

emphasized in predoctoral consultation courses. The comparisons are contained in Table 3, "Consultation Topics: Consultants' Opinions Versus Actual Course Contents." For example, in order of their importance ratings across both academic-setting and internship programs, the most emphasized topics include: Consultation processes (M=4.22, s.d.=1.07), Building relationships with clients (M=3.98, s.d.=1.07), Interpersonal skills (M=3.94, s.d.=1.02), Entry into organizations (M=3.74, s.d.=1.19), Consultant's role boundaries (M=3.71, s.d.=1.19), Ethics of consulting (M=3.62, s.d.=1.19), and Consultation theories and principles (M=3.61, s.d.=1.39). Both types of training settings place heavy emphasis on all but the seventh topic listed above which is ranked second by academic-settings but is nineteenth for internships. Both types of predoctoral settings place little emphasis on: Management theories and processes (M=2.36, s.d.=1.09) or on Workshop design and leadership (M=2.78, s.d.=1.29).

Thus, while there is agreement between consultants and training programs regarding the importance of such topics as consultation processes and Building relationships with clients, other differences are apparent. In particular, Division 13 members seem to place a heavier emphasis on topics with an organizational focus.

Valued Versus Actual Training Methods

Experienced consultants were also asked to provide their ratings as to the potential value of five training methods. Responding Division 13 members tended to place a higher value on training methods that emphasize actual practice. For example,

apprenticeship was rated as the most valuable method (M=4.68). It was followed by: supervision (M=4.51), field placement (M-4.45), lab methods (M=3.5), and lastly, academic methods (M=3.27). These findings replicate those of earlier studies (Bacher, 1982; Nutt, 1976).

There are some differences between the value ratings of training methods provided by consulting psychologists, and the rankings of methods most often used in predoctoral training programs. These differences can be seen in the rankings listed in Table 4, "Consultants' Value Ratings Versus Actual Training Methods." Internship programs more closely parallel the consultants' opinions by emphasizing: supervisory methods most; followed by: apprenticeship, field placement, academic methods, and finally, laboratory methods. However, the differences are most pronounced in comparing consultants' opinions on training methods with the methods most utilized by academic predoctoral training programs. In fact, the order is exactly reversed: not surprisingly, academic methods are used the most, followed by laboratory methods, field placement, supervision, and apprenticeship.

Consulting psychologists were also asked whether clinical skills are necessary to obtain consultative effectiveness. On this item rating of 5 indicated that clinical skills are "much needed." Of 143 respondents, 56% (n=80) provided a rating of 5 resulting in an overall mean of 4.2 (s.d.=1.10); thus suggesting that they strongly endorsed the notion that clinical skills are necessary.

Division 13 members were also asked to rank, on a

five-point scale, how necessary four specific clinical competencies are for achieving consultative effectiveness. Personality assessment (M=4.2, s.d.=1.10) was ranked as the most needed clinical competency. Individual treatment skills (M=3.64, s.d.=1.24) were rated the next highest, followed by group treatment skills (M=3.51, s.d.=1.30), and intellectual and/or ability aptitude testing (M=3.37, s.d.=1.30). The results of this item closely parallel the responses to an open-ended question in which consultants were asked what areas of psychological expertise they most often use when consulting. The most frequent response was personality assessment. Other forms of psychological expertise often mentioned were: individual counseling, organizational development, and program evaluation.

Consultation Models Emphasized by Consultants Versus Programs

Consulting psychologists were asked to rate, on a five-point scale from rarely (1) to frequently (5), the consultation models that they emphasize in their practices. The organizational model received the highest emphasis rating (M=3.6, s.d.=1.32). This model was defined in the survey as being "focused on some aspect of an organization such as decision-making processes, management, or team conflicts." In order of their emphasis by the responding consultants, the remaining models were: education and training model (M=3.39, s.d.=1.46), clinical model (M=3.35, s.d.=1.48), program model (M=3.10, s.d.=1.35), consultee-centered mental health model (M=3.06, s.d.=1.41), behavioral model (M=2.70, s.d.=1.51), and the psychiatric liason model (M=2.42, s.d.=1.67).

Results obtained from the first survey revealed that the models emphasized by training programs in academic settings differ significantly from those emphasized in internships. A one-way analysis of variance was conducted on the data from this item and academic programs were found to place more emphasis on the consultee-centered mental health model ($p<.0005$) and on the organizational model ($p<.005$). Internships place greater emphasis ($p<.0005$) on the psychiatric liason approach; a finding that reflects the predominantly medical-settings of internship training. This model was emphasized least by the sample of Division 13 members. Table 5, "Consultation Model Emphasis" summarizes these results.

DISCUSSION

The data reported in this paper indicates that there are many incongruencies between predoctoral consultation training patterns and the recommendations of experienced consultants regarding training practices. Perhaps the most important difference has to do with the limited availability of formalized consultation training. While it is true that at least informal training is available in two-thirds of all predoctoral training programs, organized preparation is offered by only 37% of these programs. This limited availability of organized training is especially apparent in internships where fewer than one-third offer organized courses in consultation. This pattern of training availability is in contrast to the strong endorsement by Division 13 members that specialized preparation is needed for consultative effectiveness.

Consulting psycholgists' strong endorsement of the notion

that clinical skills are a necessary prerequisite for achieving consultative effectiveness had several implications for the results of this survey. One instance of the impact of this belief is that these respondents preferred that trainees receive consultation training in the later stages of their professional preparation. For example, consulting psychologists indicated a preference for postdoctoral over predoctoral consultation education and training. On an item exclusive to the predoctoral period, the fourth and fifth years of training were rated as being more appropriate than training in earlier years. Although predoctoral programs tend to offer consultation education earlier in a trainee's career than is preferred by the Division 13 sample, the emphasis on clinical skills is still present. An item on the first survey asked predoctoral programs to list prerequisites for their consultation courses and clinical methods courses and practicums were listed most frequently.

In keeping with their clinical emphasis, consulting psychologists preferred training methods that offer hands-on experience. Thus, apprenticeship, supervision, and field placement were valued over laboratory methods and academic methods. While these rankings nearly parallel the ranking of methods used in internships, they are markedly different from those provided by academic-settings. Academic programs utilize the indirect methods of academic and laboratory methods the most. The differences across these rankings suggest the interesting question as to whether or not classroom methods are an effective means of relaying the types of information necessary for adequate consultation preparation.

Consultants, internships, and academic programs indicated a strong agreement on the importance of two consultation topics: building relationships with clients, and consultation processes. Otherwise, the samples diverged somewhat on the topics they emphasized. In contrast to the other samples for example, academic-settings emphasized theoretical contents such as consultation theories and principles. Perhaps the most noticeable difference is how the Division 13 sample strongly emphasized topics wih an organizational focus (i.e., organizational diagnosis, organizational intervention, organizational theories and processes, entry into organizations) that were largely de-emphasized by predoctoral training programs. Internships especially seemed to de-emphasize organizational contents in favor of more individually-oriented consultation topics. For instance, the two topics that were least emphasized by consulting psychologists, interventions with organization's clients, and diagnosis of organization's clients, were ranked much higher by internships. One explanation of this difference is that consultation training in internships reflects the medical-model focus that is predominant in many internship sites. Thus, consultants who reported that they most utilize the organizationl model tended to emphasize organizational topics. In contrast, internships emphasized individually-focused topics consistent with the psychiatric liason approach. Similarly, academic programs gave the highest ranking to the consultee-centered mental health model, a model which was ranked only fifth by Division 13 members. These differences in models and topics emphasized suggest a tentative

conclusion that predoctoral consultation training may not adequately reflect the predominant theoretical models being utilized currently by practicing consultants.

In summary then, the preceding comparisons suggest several additional conclusions regarding the relevance and potential effectiveness of current predoctoral consultation training. Most importantly, A.P.A.-approved predoctoral training programs do not offer sufficient opportunities for organized training in consultation. Although Division 13 members believe that organized training is a necessary prerequisite for achieving consultative effectiveness, such training is not yet established as part of predoctoral psychology education. This deficit is especially important because there are relatively few opportunities for psychologists to obtain organized postdoctoral consultation training. Thus, for some time yet, trial-and-error learning may be the most common training method. However, with the rapidly increasing sophistication of consultation methods, such trial-and-error learning is less and less desirable.

Another conclusion supported by both surveys is that consultation training should occur only after the trainee has established a solid base of clinical skills. These skills should include: interpersonal skills which facilitate relationship building, personality assessment skills indicative of clinical sophistication, and individual and group intervention techniques. However, these criteria suggest an interesting question related to the theoretical backgrounds of trainees. These prerequisite skills are largely individually-oriented clinical skills. Is it possible then,

that trainees who are given an exclusive early exposure to individual-oriented clinical skills and theories, have a difficult time later shifting to an organizational focus? Is this why predoctoral training programs put relatively little emphasis on the organizational model - is the jump too big? On the other hand, without a solid base in individual-oriented clinical skills trainees might be unable to appreciate the complexities of thinking systemically. The effects of theoretical biases within consultation trainees on training outcomes is an area of research that would complement studies such as this one.

Another conclusion that can be drawn from these surveys is that predoctoral trainees are not receiving sufficient exposure to organizational consultation. This seems especially true for internships where little attention is paid to organizational diagnosis and intervention. Even less attention is apparently paid to management theories and processes. However, this knowledge may be necessary for effective work with the business organizations that are comprising an increasing part of the consultation marketplace.

There seems to be agreement then, that the most important job of predoctoral training programs is to establish in their trainees a solid base of clinical skills which would then underlie all later consultation work. However, A.P.A.-approved psychology programs may be out-of-step with the needs of consultation students by failing to provide training in the theories and especially the techniques of organizational consultation.

Table 1
Availability of Consultation Education and Training
by setting

		Availability					
		Organized Course Available		Informal Education & Training Available		None Available	
Setting	N	N	%	N	%	N	%
Predoctoral training program	141	63	44.7	55	39.0	23	16.3
Predoctoral internship program	191	61	31.9	60	31.0	70	36.6
Total	332	124	37.3	115	34.6	93	28.0

Table 2
Preferred and Actual Timing of Organized Consultation Courses in Predoctoral Training

	N	1st Year N	1st Year %	2nd Year N	2nd Year %	3rd Year N	3rd Year %	4th Year N	4th Year %	5th Year N	5th Year %
Preferences of Division 13 Members	133	3	2.3	8	6.0	37	27.8	49	36.8	36	27.1
Actual timing of coursework as reported by campus-based programs	61	4	7.0	16	26.0	29	48.0	6	10	1	2

Table 3
Consultation Topics: Consultants' Opinions vs. Actual Course Contents (A)

Topic	Division 13 Members (N=139)			All Predoctoral Programs (N=113)			Campus-based Programs (N=55)			Internship Programs (N=58)		
	M	SD	Rank	M	SD	Rank	M	SD	Rank	M	SD	Rank
Ethics of consulting	4.45	.92	(1)	3.62	1.19	(6)	4.04	.93	(5)	3.22	1.27	(9)
Building relationships with clients	4.36	.86	(2)	3.98	1.07	(2)	4.20	.86	(3)	3.78	1.21	(2)
Consultation processes	4.32	.95	(3)	4.22	1.07	(1)	4.76	.54	(1)	3.71	1.18	(3)
Organizational diagnosis	4.16	.98	(4)	3.03	1.33	(15)	3.61	1.24	(11)	2.48	1.19	(23)
Organizational intervention	4.08	1.03	(5)	3.21	1.30	(12)	3.61	1.17	(11)	2.83	1.30	(13)
Evaluation of consultation outcome	4.01	1.04	(6)	3.35	1.26	(9)	3.93	1.01	(8)	2.81	1.25	(15)
Organizational theories and processes	4.00	1.02	(7)	2.96	1.28	(20)	3.58	1.20	(14)	2.36	1.07	(24)
Entry into organizations	3.94	1.12	(8)	3.74	1.19	(4)	4.13	1.01	(4)	3.38	1.24	(5)
Consultation theories and principles	3.91	1.01	(9)	3.61	1.39	(7)	4.56	.79	(2)	2.71	1.23	(19)
Collection and	3.90	1.05	(10)	2.97	1.26	(19)	3.43	1.21	(17)	2.55	1.17	(22)

analysis of data										
Management theories and processes	3.86	1.06	(11)	2.36	1.09	(26)	2.67	1.07	(25)	2.07	1.04	(25)
Change theories and processes	3.83	1.13	(12)	3.06	1.23	(14)	3.60	1.22	(13)	2.57	1.03	(20)
Group theories and processes	3.72	1.03	(13)	2.98	1.24	(18)	3.24	1.24	(19)	2.74	1.21	(17)
Consultant's role boundaries	3.71	1.16	(14)	3.71	1.19	(5)	3.98	.94	(7)	3.45	1.34	(4)
Assmt. of clients' readiness for consultation	3.69	1.11	(15)	3.22	1.18	(11)	3.52	1.00	(15)	2.95	1.28	(11)
Contracting principles & skills	3.66	1.18	(16)	3.33	1.25	(10)	3.76	1.10	(10)	2.93	1.27	(12)
Program development & eval.	3.65	1.13	(17)	3.03	1.17	(16)	3.26	1.17	(18)	2.81	1.13	(15)
Culture of particular types of organizations	3.57	1.15	(18)	2.90	1.30	(22)	3.09	1.29	(21)	2.72	1.30	(18)
Workshop design & leadership	3.54	1.32	(19)	2.78	1.29	(24)	3.00	1.24	(22)	2.57	1.30	(20)
Team diagnosis	3.38	1.17	(20)	2.92	1.28	(21)	2.96	1.24	(23)	2.88	1.33	(13)

& inter-vention											
Consul-tation research	3.31	1.16	(21)	2.71	1.39	(25)	3.48	1.22	(16)	2.00	1.14 (26)
Diagnosis of organ-izations' clients	3.05	1.35	(22)	2.86	1.31	(23)	2.60	1.21	(26)	3.09	1.35 (10)
Interven-tions with organiza-tions' clients	3.02	1.47	(23)	2.98	1.40	(17)	2.70	1.33	(24)	3.24	1.44 (7)
Consult-ant's self-awareness	--	--	--	3.59	1.16	(8)	3.89	1.06	(9)	3.31	1.19 (6)
Inter-personal skills	--	--	--	3.94	1.02	(3)	4.02	1.04	(6)	3.86	1.00 (1)
Issues related to con-sultants' & clients' character-istics such as ethnicity, gender & age.	--	--	--	3.19	1.19	(13)	3.13	1.15	(20)	3.24	1.23 (7)

A
1=not at all important

5=extremely important

Table 4

Consultants' Value Ratings vs. Actual Training Methods[A]

Method	Ratings of Division 13 (N=143) M	Rank	Methods Used by Campus-based Programs (N=58) M	Rank	Methods Used by Internships (N=61) M	Rank
Apprenticeship	4.68	(1)	2.45	(5)	3.90	(2)
Supervision	4.51	(2)	3.40	(4)	4.16	(1)
Field Placement	4.45	(3)	3.69	(3)	3.34	(3)
Laboratory Methods	3.50	(4)	4.03	(2)	2.21	(5)
Academic Methods	3.27	(5)	4.47	(1)	2.92	(4)

[A] 1=not at all used

5=used a great deal

Table 5

Consultation Model Emphasis[A]

Models	Division 13 Members (N=135) M	sd	(Rank)	Campus-based Programs (N=57) M	sd	(Rank)	Internship Programs (N=61) M	sd	(Rank)	F Ratios Comparing Predoctoral Training Settings
Organizational	3.60	1.32	(1)	3.60	1.29	(2)	2.82	1.30	(6)	10.592**
Education & Training	3.38	1.46	(2)	3.40	1.18	(3)	3.05	1.42	(2)	2.161
Clinical	3.35	1.48	(3)	2.68	1.28	(6)	2.87	1.57	(5)	.487
Program	3.10	1.35	(4)	3.28	1.35	(4)	2.90	1.36	(4)	2.307
Consultee-centered Mental Health	3.06	1.41	(5)	4.04	1.10	(1)	3.00	1.44	(3)	19.081***
Behavioral	2.70	1.51	(6)	3.04	1.32	(5)	2.54	1.31	(7)	4.150*
Psychiatric -liason	2.42	1.67	(7)	1.98	1.04	(7)	3.49	1.55	(1)	38.128***

[A] 1=little or no emphasis
5=great emphasis

*p<.05
**p<.005
***p<.0005

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